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REPORT OF THE MEDICAL OFFICER OF HEALTH

For the Year Ending 31st December,

1943

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EASINGTON RURAL DISTRICT

REPORT OF THE MEDICAL OFFICER OF HEALTH

For the Year Ending 31st December,
1943

EASINGTON RURAL DISTRICT COUNCIL.

Chairman—

Councillor Benjamin Edwards.

Vice-Chairman—

Councillor William Forster.

Councillors: —

Coun. J. Barker
,, G. Barnes
,, J. Barnes
,, J. Burnip
,, T. Curry
,, E. Cain
,, E. Chicken
,, R. M. Danby
,, A. Day
,, J. Foster
,, F. W. Fry
,, T. Gallagher
,, J. P. Haley
,, J. Henderson
,, D. Henegan
,, J. Hunter
,, T. H. Irvine
,, W. S. Jackson
,, T. Laing

Coun. W. Luke
,, M. Mann
,, J. P. McMann
,, J. Moore, J.P.
,, Mrs. E. W. Nicholson
,, R. G. Nattrass, J.P.
,, Mrs. F. M. Peart
,, E. F. Peart
,, H. Phillips
,, G. E. Pritchard
,, M. Purcell
,, R. G. Russell
,, G. W. Roseby
,, C. Stonehouse
,, J. Spowart
,, E. W. Toft
,, W. Weightman
,, Mrs. F. Winter
,, G. White

Clerk—J. W. Gray.
Accountant—C. E. Potts, A.S.A.A.

PUBLIC HEALTH OFFICERS
OF THE COUNCIL.

Medical Officer of Health—W. V. Macfarlane, M.D. (Edin.) D.P.H.

Senior Sanitary Inspector—J. Savage, C.R.S.I., M.S.I.A.

Sanitary Inspector—H. E. Raine, M.C., C.R.S.I., M.S.I.A.

Sanitary Inspector—R. R. Short, C.R.S.I., M.S.I.A.

Sanitary Inspector—W. P. Elliott, C.R.S.I., M.S.I.A.

Sanitary Inspector—R. E. V. Warrand, C.S.I.B., M.S.I.A., A.R.S.I.

Sanitary Surveyor—C. W. Clarke, A.M.I.Mech.E., F.I.A.S., A.M.I.S.E.

Cleansing Superintendent—W. Angus, M.Inst.P.C.

Water Superintendent—R. Blakey.

Thorpe Infectious Diseases Hospital Medical Superintendent:
W. V. Macfarlane. M.D., D.P.H.

Matron—Mrs. G. Harrop.

EASINGTON RURAL DISTRICT.

REPORT

OF THE

Medical Officer of Health

FOR THE

Year ended 31st December, 1943.

EASINGTON,
Co. DURHAM
1944.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit the Annual Report which on the recommendation of the Minister of Health, is a brief one, giving particulars with reference to the health of this Area for the year 1943.

The Report is more comprehensive than in previous years, with a view to enabling you to assess from comparative tables how the health of the community has fared in war years as compared with those years prior to the outbreak of hostilities.

It will be observed that the birth rate is high, but a rather disturbing feature is the increase in the infantile mortality rate ; the latter is discussed in some detail subsequently in the Report.

Heart diseases and Cancer are undoubtedly the chief killing diseases, and have remained so for the past few years.

With reference to infectious diseases, I would draw your attention to the fact that we have a serious type of Diphtheria in this district, associated with which is a relatively high mortality rate—in fact, our mortality rate is higher than that for the Country as a whole. Immunisation against Diphtheria is undoubtedly a safeguard, and steady progress is being maintained in increasing the immunity in the child community. Perusal of our statistics show that in cases where children died from Diphtheria a relatively large proportion of the parents had refused pointblank to have their children immunised. We had no deaths from Diphtheria in cases where children were completely immunised, Your attention is drawn to the low death rate from Meningitis, and this is undoubtedly due to the introduction of modern forms of treatment. Meningitis is not the dreaded disease it was some years ago. Generally speaking, the outlook is favourable when modern treatment is employed.

The Scabies scheme has once again functioned satisfactorily, and much good work has been done by the General Practitioners in this area, the Women's Voluntary Services, and the A.R.P. Personnel.

Like Diphtheria, Tuberculosis remains one of the biggest problems in this area. Undoubtedly facilities are lacking in the County with reference to adequate provision of premises for the treatment of this disease. Likewise much more could be done in preventing the disease, and it is to be hoped that the powers that be, subsequent to the cessation of hostilities, will not only improve the sanatoria accommodation, but also establish preventoria. Again, mass radiology of the community could go a long way in sifting out those who are actually suffering from consumption in its earlier stages. Another aspect of the Tuberculosis problem must be seriously considered by the Local Authority after the war, and that is the question of the provision of adequate housing accommodation whereby the infectious consumptive has a bedroom to himself. It is gratifying to note that the Local Authority are alert to this problem as they are to the housing problem in general.

The A.R.P. Casualty Services were called into operation in the early part of the year, and their work can be regarded as satisfactory. Efforts are being made with a view to the centralisation of the Casualty Services, thereby promoting a higher degree of efficiency.

Generally speaking, one can regard the health of the community as satisfactory, allowing for four years of war, and the anticipated increase in the incidence of certain infectious diseases has certainly not materialised.

I desire to take this opportunity of thanking the Chairman and Members of the Council for their courtesy and help at all times in my work.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

W. V. MACFARLANE.

Medical Officer of Health.

CONDITIONS OF THE AREA

Areas (acres)	34,664
Number of Inhabited Houses on 31st December, 1943 according to the Rate Books	20,998
Rateable Value	£300,750
Sum represented by Penny Rate	£1,118

Birth Rate	20.60
Death Rate	11.38
Infantile Mortality Rate	75.3

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR

Live Births—	Total	Male	Female
Legitimate	1468	764	704
Illegitimate	71	32	39

Birth Rate per 1,000 of the estimated resident population	20.60

Stillbirths— Total 43.

Rate per 1,000 total population	0.57

	Total	Male	Female
Deaths—	850	462	388

Death Rate per 1,000 of the estimated resident population		11.38
Deaths from Puerperal Causes		7
from Sepsis	2	
from Other Causes	5	

Death Rate of infants under one year of age,

Legitimate	68.8
Illegitimate	6.5
	75.3

Deaths from Measles (all ages)	1
Deaths from Whooping Cough (all ages)	2
Deaths from Diarrhoea (under 2 years of age)	12
Deaths from Cancer (all ages)	111

TABLE 1.

DEATHS—CAUSES AND AGES AT DEATH.

	All Ages	Under 1	1 to 2	3 to 5	6 to 15	16 to 25	26 to 45	46 to 65	66 to 75	76 up
Enteric Fever	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever	1	—	—	—	1	—	—	—	—	—
Whooping Cough	2	1	1	—	—	—	—	—	—	—
Diphtheria	11	—	2	3	5	—	1	—	—	—
Tuberculosis Respiratory	37	—	—	—	1	19	12	4	1	—
Other Tuberculosis Diseases	12	—	1	1	3	4	3	—	—	—
Syphilitic Diseases	1	—	—	—	—	—	—	1	—	—
Influenza	26	—	—	—	2	1	5	6	5	7
Measles	1	1	—	—	—	—	—	—	—	—
Encephalitis	4	—	—	—	—	—	2	2	—	—
Cancer	111	—	—	—	—	—	17	45	37	12
Diabetes	8	—	—	—	1	1	1	2	2	1
Heart Disease	175	—	—	—	2	6	5	41	57	64
Other Diseases of Circulatory System ...	10	—	—	—	—	—	2	3	3	2
Bronchitis	52	3	1	—	1	—	2	4	25	16
Pneumonia	43	10	8	2	1	3	3	8	5	3
Other Respiratory Diseases	7	—	—	—	—	—	3	4	—	—
Ulcer of Stomach & Duodenum	5	—	—	—	—	1	2	—	2	—
Diarrhoea (under 2 years)	12	9	3	—	—	—	—	—	—	—
Appendicitis	3	—	—	—	—	1	2	—	—	—
Other Digestive Diseases	16	8	—	1	—	—	2	5	—	—
Nephritis	15	—	—	2	1	1	2	5	4	—
Puerperal Sepsis	2	—	—	—	—	—	2	—	—	—
Other Maternal Causes	5	—	—	—	—	1	4	—	—	—
Congenital Debility and Premature Births ...	58	58	—	—	—	—	—	—	—	—
Suicide	3	—	—	—	—	—	2	—	1	—
Other Violent Causes including Road Traffic Accidents	42	5	1	2	3	5	9	10	6	1
All Other Causes	106	19	—	1	2	12	16	11	15	30
Scarlet Fever	1	—	—	—	1	—	—	—	—	—
Intracranial Vascular Lesions	81	2	—	—	—	—	3	19	33	24
Totals	850	116	17	12	24	55	100	170	196	160

TABLE 2.

Cancer

The following table gives the deaths from Cancer, in age groups, and the localisation of the disease.

	Ages in Years					Totals
	1 to 26	26 to 45	46 to 65	66 to 75	76 up	
Stomach	—	1	7	12	3	23
Breast	—	—	4	6	—	10
Liver	—	1	5	5	1	12
Bowels	—	—	11	8	4	23
Lungs	—	4	4	—	1	9
Prostate	—	—	—	1	—	1
Uterus	—	1	7	3	—	11
Other Causes ...	—	10	7	2	3	22
	—	17	45	37	12	111

TABLE 4.

Table of Birth and Death Rates for the Past 10 Years

Year	General Death Rate	Infantile Death Rate	Birth Rate
1934	10.3	76.4	20.9
1935	10.6	75.0	20.8
1936	11.8	86.1	20.5
1937	11.2	69.5	20.3
1938	11.5	62.3	20.0
1939	11.4	81.2	18.9
1940	11.2	62.5	18.7
1941	11.6	73.4	19.7
1942	10.8	58.0	19.8
1943	11.3	75.3	20.6

1943	Birth Rate	General Death Rate	Infantile Death Rate
England & Wales	16.5	12.1	49
Easington Rural District	20.6	11.3	75.3

TABLE 3.

Birth Rate, Death Rate and Analysis of Mortality during the Year, 1943.

	Rate per 1,000 Total population		Annual Death Rate per 1,000 Population								Rate per 1,000 Live Births.	
	Live Births	Stillbirths	All Causes	Typhoid and Paratyphoid Fevers	Smallpox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Diarrhoea and Enteritis (under 2 years)	Total Deaths (under 1 year)
England and Wales	16.5	0.51	12.1	0.00	0.00	0.02	0.00	0.03	0.03	0.37	5.3	49.
Easington Rural District	20.6	0.57	11.3	0.00	0.00	0.00	0.00	0.00	0.14	0.34	7.7	75

TABLE 5.

Infantile Mortality Rates (10 years)

Year	Births	Easington R. D. Inf. Mortality Rate	England & Wales Inf. Mortality Rate
1934	1897	76.4	59
1935	1900	75.0	57
1936	1800	86.1	59
1937	1683	69.5	58
1938	1605	62.3	53
1939	1527	81.2	50
1940	1471	62.5	55
1941	1485	73.4	59
1942	1488	57.0	49
1943	1539	75.3	49

TABLE 6.

Death Rates (10 years)

Year	Deaths	Easington R. D. Death Rate	England & Wales Death Rate
1934	941	10.3	11.8
1935	968	10.6	11.7
1936	1085	11.8	12.1
1937	934	11.2	12.4
1938	925	11.5	11.6
1939	924	11.4	12.1
1940	885	11.2	14.3
1941	884	11.6	12.9
1942	808	10.8	11.6
1943	850	11.3	12.1

TABLE 7.

Natural Increase of Population

Year	Births	Deaths	Rate of Natural Increase per 1,000 population.
1934	1897	941	10.4
1935	1900	968	10.2
1936	1800	1085	8.6
1937	1683	934	9.3
1938	1605	925	8.4
1939	1527	924	7.5
1940	1471	885	7.4
1941	1485	884	7.8
1942	1488	808	8.4
1943	1539	850	9.2

STATISTICS.

While the Birth rate is the highest since 1935, the Death Rate, though increased as compared with last year, is average for the past eight years. Heart Disease, Cancer, Diseases of the Blood Vessels of the Brain, Lung Conditions such as Pneumonia and Tuberculosis, in that order, were the chief killing diseases.

Your attention is drawn to the fact that the Diphtheria death rate in this district is higher than that for England and Wales as a whole, and this statement also applies to the death rate from Diarrhoea under the age of two years.

While Cancer is the second most important killing disease, it is worthy of note that the majority of deaths occur between the ages of 45 and 65 years. The majority of deaths from Cancer are to be found where the stomach, bowel, breast and womb are affected. It is hoped that by the introduction of a comprehensive scheme for the treatment of cancer, the disease will be diagnosed earlier and a wider application of the latest methods of treatment will be available.

The infantile mortality rate merits serious consideration and the reason for the marked increase in this rate, compared with last year, can be principally attributed to the large number of deaths due to congenital debility and premature births. A district with a population such as this warrants not only a maternity hospital of its own, but also expert midwifery specialists who should be available on the spot for consultation and for giving advice to expectant mothers. On the other hand, the blame cannot be attributed entirely to the lack of these facilities, and in many cases it is unfortunately due to ignorance or apathy on the part of expectant mothers with consequent failure to attend ante-natal clinics where possible difficulties could be corrected with a view to reducing the number of premature births, and likewise babies born suffering from congenital debility.

Generally speaking, statistics on the whole are satisfactory, the high infantile mortality rate being the principle disturbing factor.

TABLE 8.

INFECTIOUS DISEASES.

NOTIFIED CASES, 1943.

DISEASE	Cases notified in whole district.												
	At all ages	Under 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and up
Scarlet Fever	198	2	3	8	16	18	106	26	9	6	4	—	—
Diphtheria	184	1	2	5	10	11	62	38	24	22	7	2	—
Typhoid Fever	2	—	—	—	—	—	1	1	—	—	—	—	—
Puerperal Pyrexia	5	—	—	—	—	—	—	—	—	3	2	—	—
Ophthalmia Neonatorum	1	1	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	86	7	6	6	2	2	13	2	5	6	8	18	11
Erysipelas	25	—	—	—	—	—	—	—	—	3	6	12	4
C. S. Fever	9	2	—	1	—	—	2	1	—	3	—	—	—
Anterior Poliomyelitis	2	—	—	—	—	—	1	1	—	—	—	—	—
Measles	836	52	103	115	128	133	289	15	—	1	—	—	—
Whooping Cough	88	14	10	18	12	9	25	—	—	—	—	—	—
Pulmonary Tuberculósis	59	—	—	—	—	—	—	3	13	25	8	10	—
Non-Pulmonary Tuberculosis	46	2	3	2	2	2	10	10	4	9	2	—	—
TOTALS	1541	81	127	155	170	175	509	97	55	78	37	42	15

The following table shows the number of cases notified and deaths recorded from Diphtheria and Scarlet Fever during the past five years : -

TABLE 9.

	Diphtheria		Scarlet Fever	
Year	Notifications	Deaths	Notifications	Deaths
1939	418	22	187	Nil
1940	195	10	83	Nil
1941	124	11	60	Nil
1942	309	9	170	Nil
1943	184	11	202	1

TABLE 10.

OPHTHALMIA NEONATORUM

1943

CASES						
Notified	Treated					
	At Home	In Hospital	Vision Unimpaired	Vision Impaired	Total Blindness	Deaths
1	—	1	1	—	—	—

INFECTIOUS DISEASES.

Table 9 shows a welcome reduction in the number of cases of Diphtheria as compared with last year, but there is a higher death rate, which factor is explained elsewhere in this Report.

Scarlet Fever shows an increase in the incidence of the disease, but the disease was mild, and the only death was attributable to a subsequent complication.

With reference to the admission of Scarlet Fever cases to hospital a policy has been adopted whereby cases are only admitted if conditions at home are unsatisfactory, e.g., overcrowding, or where there is a pregnant woman in the household, or the case is accompanied by complications in any way.

TABLE 11.

THORPE ISOLATION HOSPITAL.

	DIPHTHERIA			SCARLET FEVER			CEREBRO-SPINAL MENINGITIS			ERYSIPELAS			CHICKEN-POX			MEASLES			PUERPERAL PYREXIA			PNEUMONIA			BRONCHO-PNEUMONIA			FOOD POISONING (SALMONELLA GROUP)			POLIO-MYELITIS			TYPHOID			OTHER CONDITIONS			OPHTHALMIA NEONATORUM		
	Admissions	Diseases not Confirmed	Deaths	Admissions	Diseases not Confirmed	Deaths	Admissions	Diseases not Confirmed	Deaths	Admissions	Diseases not Confirmed	Deaths	Admissions	Diseases not Confirmed	Deaths	Admissions	Diseases not Confirmed	Deaths	Admissions	Diseases not Confirmed	Deaths	Admissions	Diseases not Confirmed	Deaths	Admissions	Diseases not Confirmed	Deaths	Admissions	Diseases not Confirmed	Deaths	Admissions	Diseases not Confirmed	Deaths	Admissions	Diseases not Confirmed	Deaths	Admissions	Diseases not Confirmed	Deaths	Admissions	Diseases not Confirmed	Deaths
1943 EASINGTON R.D.	206	22	9	76	5	1	22	13	1	2	1	—	1	—	—	5	—	—	4	—	1	1	—	—	3	—	—	2	—	1	4	2	—	2	1	—	1	—	—	1	—	—
SEAHAM U.D.	90	6	2	16	—	—	5	2	1	3	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1942 EASINGTON R.D.	267	6	9	42	—	—	16	6	3	—	—	—	—	—	—	—	—	—	4	—	—	5	—	—	—	—	—	—	—	—	—	—	—	4	2	1	—	—	—	1	—	—
SEAHAM U.D.	144	—	6	6	—	—	3	—	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

1943	Easington R.D.	Seaham U.D.		
Total Number Admissions	330	166	=	496
Total Diseases Not Confirmed	54	9	=	63
Total Number Deaths	13	4	=	17

One is surprised that there has been no serious outbreak of infectious disease in view of the existing overcrowding and bad housing conditions in parts of our district, but there were no epidemics of infectious disease throughout the year.

Arrangements were made in conjunction with Durham County Council whereby cases of Ophthalmia Neonatorum are now admitted to Thorpe Isolation Hospital.

OUTBREAK OF FOOD POISONING.

A severe outbreak of food poisoning occurred in a certain part of our district, resulting in over 100 cases with two deaths. Pies and Pease Pudding were suspected as being the carriers of the infection, but, due to the fact that the Health Department was too late in being notified, it was impossible to trace the original source of infection, although the causal organism was repeatedly found in specimens taken from patients.

Doctors were prompt in notifying the Health Department as soon as they were aware of the epidemic, but many people who were victims delayed considerably before seeking medical aid. As soon as the Health Department was notified, the Ministry of Health were approached, and, as a result of this, effective and remedial measures were taken.

One advantage reaped from this outbreak was the exposure of deficiencies in the standard of the cleanliness of certain premises. Improvements in hygiene are being enforced in premises where food is prepared, stored or sold.

THORPE ISOLATION HOSPITAL.

While the hospital continued to function satisfactorily, further improvements were made with reference to staff. Salaries, holidays with pay and other matters pertaining to the nursing staff were operating prior to the Rushcliffe Report becoming effective, and in my opinion, the Council were wise to pay the nurses salaries which compare more than favourably with the Rushcliffe recommendations, since, relatively little difficulty has been experienced in obtaining suitable staff.

Mr. Marshall was appointed Consulting Ear, Nose and Throat Surgeon, and is available as and when required.

Efforts were made to place the hospital on the basis of an Affiliated Training School, but it soon became apparent that this would not materialise until after the cessation of hostilities, since it was impossible to obtain the requisite number of nurses who were general and fever trained.

Various improvements, including heating facilities, have been made in the wards, and the redecoration of two Blocks, though somewhat belated, can be considered as satisfactory in view of war time conditions.

LABORATORY WORK.

BACTERIOLOGICAL EXAMINATIONS carried out at Thorpe Isolation Hospital.

Diphtheria	1011
Other Examinations	42
	1053

The above statistics show that the laboratory serves a useful purpose, and further improvements have been made with reference to carrying out a wider scope of bacteriological work.

Addition medical equipment has been purchased for the Laboratory whereby Blood Transfusions and other modern therapy can be given as and when required.

GARDEN PRODUCE.

I would draw the Council's attention to the fact that during the current year, approximately £200 of vegetables and garden produce was grown.

DIPHTHERIA & DIPHTHERIA IMMUNISATION.

The Council's Diphtheria Immunisation scheme providing free immunisation against this disease for children up to 15 years, has been intensively pursued during 1943, and the work carried out on the scheme during the year can be divided into two parts :—

(a) As applying to children of pre-school age, i.e., up to 5 years, and

(b) As applying to school children between the ages of 5 and 15.

1. (a) CHILDREN OF PRE-SCHOOL AGE.

The necessary arrangements leading up to the actual treatment of children in this, the most important age group, presents many difficulties from the administrative side of diphtheria immunisation. The children's welfare from the public health standpoint is catered for by Durham County Health Visitors, fifteen of whom are serving in Easington Rural District, and it is only by constant contact with the Health Visitors, who in turn have personal contact with parents, that a satisfactory immunity rate can be attained.

At the beginning of 1943, with the sanction of the County Medical Officer of Health, all Health Visitors serving in Easington Rural District attended a meeting called by the Medical Officer of Health to discuss arrangements and general propaganda for the furthering of the immunisation campaign for this age-group in particular. As a result a scheme was put into operation as from January 1943. This scheme provided that Health Visitors when visiting the children, obtained the parents' written consent, in duplicate, to immunisation, and forwarded one copy to the doctor requested on the form to carry out the immunisation, and one copy to the Medical Officer of Health, Easington. The parents made their own arrangements with the doctor, who on completion of the immunisation forwarded the child's name to the Medical Officer of Health, Easington, who then marked the form held in the Health Department thus showing the child to be completely immunised and returned it to the respective Health Visitor to enable her to keep an accurate, up-to-date record of the state of immunisation of the children under her care.

After the trial period of six months, it was decided that the scheme, although productive, was not sufficiently comprehensive, since many children were failing to report after the necessary one month's interval for the second injection to complete the course of immunisation.

All Health Visitors were again contacted in September 1943, and the present scheme for this age-group was introduced. The Health Department in co-operation with General Practitioners (some of whom have arranged fixed sessional times for imunisation) notify the parent when to present the child for immunisation, and sends a reminder to the parent when the second injection is due. It is hoped by the co-operation between General Practitioners, Health Visitors and the Health Department, the continuance of this scheme will show a steadily increasing rate of immunisation in children of pre-school age.

During 1943, 1138 children under five years of age completed the full prescribed course of immunisation treatment.

(b) CHILDREN OF SCHOOL AGE.

The school survey, commenced in November 1942 was completed in 1943, and from that survey it was apparent that owing to the number of children of school age not yet having completed the full prescribed course of immunisation, measures would have to be taken to have immunisation treatment carried out during school hours.

Durham County Education Committee were approached on this matter and agreed to the scheme put forward by the Medical Officer of Health of the Easington authority, whereby children were to receive immunisation treatment at schools, during school hours by the doctors of their parents' choice.

From the information compiled from the survey of 26 schools consisting of 59 Departments, it was found that 2927 children were available, with their parents' consent for immunisation treatment, although the number ought to have been higher if every parent had co-operated by supplying the information required by the Health Department enabling the Department to make a census which could be of real practical use. Seventeen doctors have attended the schools concerned to give the children the necessary treatment.

The first visit to the schools was on 20th October 1943, and the returns to the end of the year show that 738 children had received the full prescribed course of immunisation treatment. As three visits at intervals of one month had, in most cases to be made by each doctor, the results ought to be principally manifest in the year 1944.

In instances affecting no less than 353 children, parents refused their consent to immunisation treatment being carried out.

During 1943, 1954 children between the ages of 5 and 15 receivd the full prescribed course of immunisation treatment.

2. Statistics Applying to Both Age-Groups.

The statistics from immunisation records for the year 1943 are as follows :—

(a) Children 0—5 Years.

1.1.43.	Number having received the full prescribed course of immunisation treatment	2237	
Add	number so treated during 1943	1138	
		3375	
Less	transfer of children who attained the age of 5 years in 1943	942	2433

(b) Children 5—15 Years.

1.1.43.	Number having received the full prescribed course of immunusation treatment	5372	
Add	number so treated during 1943	1954	
Add	transfer of children who attained the age of 5 years in 1943	942	
		8268	
Less	children who attained the age of 15 years in 1943	48	8220
31.12.43.	Number having received the full prescribed course of immunisation treatment		10,653

3. The Central Register.

The compilation of the Central Register, commenced in 1942 has continued during 1943, and will eventually bear, in card index form, the name of every child in Easington Rural District up to the age of 14 years, with details as to :

(a) whether the full prescribed course of immunisation treatment has been received.

(b) whether the course of immunisation treatment has not been completed.

(c) whether immunisation has been refused ; or

(d) whether the appointment made by the Health Department for attendance at the doctor's surgery was ignored. (Note : Two appointments are notified to the parent with no response before such a card is made).

4. Of the 129 children between 5 and 15 admitted to Thorpe Isolation Hospital suffering from Diphtheria in 1943, only 21 had received the full prescribed course of immunisation treatment and although ten children between these ages died from Diphtheria NOT ONE OF THE TEN HAD RECEIVED FULL IMMUNISATION TREATMENT.

ANALYSIS OF THE DIPHTHERIA IMMUNISATION CAMPAIGN.

Since every measure with reference to propaganda recommended by the Ministry has been put into operation in this district, with the addition of other propaganda measures adopted locally, certain definite observations can now be made.

Propaganda by letter, posters, cinema slides and loudspeaker vans patrolling the streets are not worth the trouble. The Ministry of Health propaganda department should note this, since obviously certain parts of the country are more responsive to the above mentioned propaganda methods than others. There is only one way by which successful propaganda results can be obtained, and that is by personal contact between the parents and the doctor, or health visitor.

Personal experience in the form of lectures to various organisations in this district has repeatedly shown that many people are really ignorant about diphtheria immunisation, but even then, parents are grossly apathetic about this really important problem. That it is mainly apathy, and not point-blank refusal in the majority of cases is shown by the fact that only 2% absolutely refuse to have their children immunised.

On the other hand, experience has also shown that if health visitors or social visitors were available for such a purpose, I am convinced that eighty or nearly ninety per cent of children in this district would be immunised. The value of immunisation can also be assessed from children admitted with diphtheria to the local Isolation Hospital, since, generally speaking in such cases, where children were completely immunised, the duration of stay in hospital was reduced by one-third, as compared with non-immunised children the incidence of complications was only 22% and usually the disease ran a relatively mild course, and caused us relatively little anxiety as compared with other children who were not immunised. Again I stress the fact that we have never had a death from diphtheria where the child was completely immunused.

Perusal of statistics reveals that our immunity rate in the under-five years age group is low. There are many reasons for this, the principal one being that doctors are grossly overworked in this district, and it is exceedingly difficult to fix definite appointments mutually convenient to the doctor and to the parent with a view to having children immunised. I am satisfied that if Durham County Council provided facilities for immunisation at Welfare Clinics, the immunity rate in pre-school children would rapidly increase.

My thanks are due to General Practitioners in the district, to the Women's Voluntary Services who did excellent work in the way of propaganda, to Durham County Council Education Department, and also to health visitors allocated to this area who are employed by Durham County Council.

TABLE 12.

It is repeatedly noted in various geographical sections of the district that where the immunity rate was low, the amount of diphtheria was high, e.g., Murton. Table 12 also shows that there was an increasing number of patients admitted to hospital in the 15 years+ age-group. In such cases the disease was mild, and usually unattended by complications..

Despite the fact that the number of cases admitted to hospital was reduced this year compared with 1942, the death rate was higher and this can be attributed to two factors—the virulent type of diphtheria which we are experiencing in this area, and the fact that parents are slow in obtaining the doctor's services in the case of a sore throat, which is often mistaken for the common tonsillitis. In every case where death ensued the disease was well advanced prior to admission to hospital.

TABLE 12.

GEOGRAPHICAL DISTRIBUTION OF DIPHTHERIA SHOWN IN AGE GROUPS

DISTRICT	(1) Diphtheria Admissions to Thorpe Isolation Hospital during 1943.			(2) Of (1) number of children completely immunised prior to admission.			(3) Deaths from Diphtheria during 1943			(4)
	Ages in years			Ages in years			Ages in years			
	0—4	5—15	over 15	0—4	5—15	over 15	0—4	5—15	over 15	
Blackhall	4	10	1	—	1	—	—	1	—	
Dalton-Le-Dale	—	1	—	—	—	—	—	1	—	No Completely Immunised child died from Diphtheria during 1943
Easington	6	16	11	—	5	—	2	—	—	
Haswell	1	1	2	—	—	—	—	—	—	
Horden	6	26	12	—	7	—	1	1	—	
Murton (and Cold Hesledon)	7	29	8	1	4	—	—	—	1	
Seaton	—	1	—	—	—	—	—	—	—	
Shotton	1	8	6	1	1	—	—	2	—	
South Hetton	—	1	—	—	—	—	—	—	—	
Thornley	—	3	8	—	—	—	—	1	—	
Trimdon Station	1	1	—	—	—	—	—	1	—	
Wheatley Hill	2	3	6	—	1	—	—	—	—	
Wingate	1	—	1	—	—	—	—	—	—	
Totals	29	100	55	2	19	—	3	7	1	

TABLE 13.

CSAES OF DIPHTHERIA NOTIFIED EACH MONTH DURING 1943

Locality	Jan.	Feb.	Mar.	April	May.	June	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Seaton	—	—	1	—	—	—	—	—	—	—	—	—	1
Easington	2	2	4	5	4	3	3	2	2	6	—	—	33
Wheatley Hill	—	—	2	1	—	1	2	—	2	1	1	1	11
Cold Hesledon and Murton	4	2	4	2	3	2	8	3	2	3	5	5	43
Horden	3	4	2	4	4	—	5	2	2	10	6	2	44
Trimdon Station	—	—	—	2	—	—	—	—	—	—	—	—	2
South Hetton	—	—	—	—	—	—	1	—	—	—	—	—	1
Dalton-le-Dale	—	—	—	—	—	—	1	—	—	—	—	—	1
Thornley	—	1	—	1	1	—	4	—	1	2	—	1	11
Haswell	1	1	—	—	—	—	2	—	—	—	—	—	4
Shotton	1	2	2	1	1	4	—	—	2	2	—	—	15
Wingate	—	—	—	—	1	—	—	—	1	—	—	—	2
Blackhall	2	1	4	2	5	—	—	1	—	—	—	—	15
Hawthorn	1	—	—	—	—	—	—	—	—	—	—	—	1
Totals	14	13	19	18	19	10	26	8	12	24	12	9	184

SEASONAL INCIDENCE.

Table 13 reveals that there was no particular time of the year when diphtheria was unduly prevalent. Thus Murton and Horden districts show a fairly steady incidence of diphtheria. It is interesting to note that the month of July revealed the largest number of cases admitted to Thorpe Isolation Hospital.

Epidemiological, clinical and bacteriological examinations show that we are experiencing a type of diphtheria in this district which has existed since about 1935, and which gives rise to complications much earlier than one would expect. This view is shared by other medical officers of health in the North-East of England.

TUBERCULOSIS

TABLE 14.

Number of Cases on Register at 31st December, 1943.

PULMONARY.			NON-PULMONARY.			TOTAL
Male	Female	Total	Male	Female	Total	CASES
167	140	307	208	228	436	743

TABLE 15.

TUBERCULOSIS—New Cases and Mortality, 1943.

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
Under 1	—	—	1	1	—	—	—	—
1 to 2	—	—	1	2	—	—	1	—
2 — 3	—	—	1	1	—	—	—	—
3 — 4	—	—	1	1	—	—	—	—
4 — 5	—	—	—	2	—	1	1	—
5 — 10	—	—	4	6	—	—	1	2
10 — 15	2	1	6	4	2	4	—	1
15 — 20	5	8	—	4	6	5	3	—
20 — 35	7	18	3	6	3	2	2	1
35 — 45	7	1	1	1	2	3	—	—
45 — 65	7	3	—	—	7	1	—	—
65 and upwards	—	—	—	—	—	1	—	—
	28	31	18	28	20	17	8	4

BACTERIOLOGICAL EXAMINATIONS DURING 1943.

	Total	Positive	Negative
Phthisis	294	40	254

TABLE 16.

COMPARATIVE TABLE RE TUBERCULOSIS STATISTICS FOR RECENT YEARS.

YEAR	NEW CASES						DEATHS						No. on Register at end of Year					
	Pulmonary			Non-Pulmonary			Pulmonary			Non-Pulmonary			Pulmonary			Non-Pulmonary		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
1935	30	24	54	22	25	47	29	15	44	7	5	12	208	203	411	409	394	803
1936	29	34	63	34	32	66	18	18	36	5	11	16	215	215	430	430	406	836
1937	32	23	55	31	39	70	28	21	49	6	9	15	98	83	181	122	116	238
1938	26	22	48	25	35	60	27	24	51	4	8	12	98	82	180	129	132	261
1939	42	24	66	40	34	74	18	17	35	10	2	12	118	74	192	154	148	302
1940	33	17	50	19	34	53	27	16	43	4	3	7	123	74	197	154	169	323
1941	24	22	46	28	29	57	21	13	34	6	2	8	126	86	212	172	185	357
1942	38	35	73	41	36	77	18	10	28	6	3	9	147	113	260	202	217	419
1943	29	30	59	18	28	46	20	17	37	8	4	12	167	140	307	208	228	436

TABLE 17.

Deaths from Pulmonary Tuberculosis between the ages of 15 and 25 years, during the past 10 years.

Year	Male	Female	Total	Percentage of Total Pulmonary Deaths
1934	5	7	12	30%
1935	7	4	11	25%
1936	3	5	8	14%
1937	5	5	10	20%
1938	8	9	17	33%
1939	1	4	5	17%
1940	7	6	13	30%
1941	5	4	9	27%
1942	6	9	15	54%
1943	9	7	16	43%

TABLE 18.

TUBERCULOSIS.

The following Table shows the number of deaths from Tuberculosis (all ages) during the past five years—the figures in parenthesis indicating deaths occurring in previously notified cases of Tuberculosis.

YEAR	PULMONARY			NON-PULMONARY		
	Male	Female	Total	Male	Female	Total
1939	18 (9)	17 (10)	35 (19)	10 (4)	2 (2)	12 (6)
1940	27 (22)	16 (13)	43 (35)	4 (2)	3 (2)	7 (4)
1941	21 (15)	13 (8)	34 (23)	6 (3)	2 (1)	8 (4)
1942	18 (14)	10 (9)	28 (23)	6 (3)	3 (—)	9 (3)
1943	20 (18)	17 (9)	37 (27)	8 (2)	4 (2)	12 (4)
Total	104 (78)	73 (49)	177 (127)	34 (14)	14 (7)	48 (21)

TUBERCULOSIS.

Perusal of Table 15 reveals a marked increase in the number of new cases in the 20—35 years female age-group. This age-group also accounts for almost half the total number of deaths from Consumption. While rapid strides have been made whereby the death rate from Tuberculosis of the Lungs has declined over the past twenty years, this unfortunately does not apply to females around the age of 25 years, so that this particular section of the community who are afflicted with the disease should receive particular attention from the preventive and treatment points of view.

New cases of Pulmonary Tuberculosis for the year 1943 are about average for the war years and the four years preceding the outbreak of hostilities.

Perusal of Table 16 reveals for the corresponding period that the number of new cases of Non-Pulmonary Tuberculosis is average in 1943. With reference to this group, 60% of the new cases occur under the age of 15 years, and likewise the number of deaths. The number of deaths from Non-Pulmonary Tuberculosis shown in Table 16 increased in 1943, but it is still about average for the past eight or nine years.

Perusal of Table 17 shows a definite upward trend during the war years in the percentage of total deaths in the 15-25 years age group.

Your attention is particularly drawn to the last two columns of Table 16, where there is a marked increase in the total number of cases on the Register for the year 1943, and this steady increase applies to both Pulmonary and Non-Pulmonary Tuberculosis. The year 1943 shows approximately a 33% increase for Pulmonary, and 11% increase for Non-Pulmonary above the average for the war years. Such a state of affairs merits serious thought and the Council is particularly perturbed with reference to the lack of amenities existing in this district for the treatment of Tuberculosis at present.

General Observations.

There are many factors which are probably collectively responsible for the increase in incidence of Tubercle in our district, but such factors are not peculiar to this district. Black-out restrictions associated with the lack of ventilation in bedrooms, utilised by infectious cases of Consumption, inadequate diet (and I say this with due respect to the Ministry of Food Propaganda Department), the appalling overcrowding conditions, lack o sanatorium facilities, inadequacy of financial support with its associated worry for the patient, especially if he is the family's sole support, are all conducive factors in not only maintaining a high incidence of Tubercle, but causing an increase. One cannot but think that the above mentioned factors will see Tuberculosis reaping a rich harvest in the immediate years following upon the cessation of hostilities. When we consider the above collectively and we note that some 15% of children are infected in the first decade of life, with 30—60% in the second, and 99% in the 6th or 7th decade we see that consumption is still a disease which demands serious consideration.

On considering the statistics for Non-Pulmonary Tuberculosis shown in the above Tables, certain remedial measures come to one's mind which may help in the ultimate reduction of the amount of Non-Pulmonary Tuberculosis in this district. It is estimated that some 40% of cattle in this country suffer from Tuberculosis and that 10% of all samples of milk contain the living Tuberculosis germ. Much of the milk consumed in this district is neither Tuberculin Tested nor Pasteurised, and while this source of Tuberculosis will not explain all cases of Non-Pulmonary Tuberculosis, compulsory Pasteurisation would help in the reduction of not only Non-Pulmonary Tuberculosis but also other diseases.

In passing, it is worthy of note that in Canada and the U.S.A., efficient pasteurisation of milk has practically eliminated that type of Tuberculosis conveyed by milk, despite the fact that raw milk in bulk form shows the Tuberculosis germ in 26% of specimens taken.

I have already said that the present measures for the treatment of Tuberculosis are far from satisfactory, and a radical overhaul of the existing scheme, not only for the treatment, but for the prevention of the disease, is essential. An idea of the magnitude of the problem can be ascertained from the fact that approximately 85% of cases are markedly well advanced by the time they are diagnosed. One preventive measure immediately comes to mind—the wider application of mass radiography, and mining communities should be placed in a priority class for such facilities being made available. For example, all youths before and when working underground in coal mines should be thoroughly examined with a view to eliminating Pulmonary Tubercle since the incidence of so-called "Bronchitis" amongst such youths after working underground for a few years is remarkably high, and Bronchitis is a vague term which covers a multitude of chest ailments. The value of mass radiography has already proved itself in diagnosing Pulmonary Tuberculosis before the disease can be diagnosed by even the most skilful specialist in the work. From

1—4 of every hundred who are X-rayed by mass radiography, are found to be suffering from infectious Tuberculosis of the Lungs.

Once Sanatorium facilities are sufficient to cope with the amount of Tuberculosis in this district, then, and only then, need the value of sanatorium treatment be emphasised to the public, particularly from the angle that it is an educative as much as a curative measure, for the patient. I am firmly convinced that at present, the money spent on sanatorium treatment in this part of the country does not justify itself, since many of the patients are taken from overcrowded homes with inadequate diet etc., given good sanatorium treatment and discharged from the Institution to the same detrimental environment where in many cases, death sooner or later overtakes the patient.

The financial problem almost always causes retardation of progress in the treatment of the Consumptive, e.g., he is discharged from a sanatorium and is probably fit for "light-work", but where is such a type of work to be found in a coal-mining community such as this? The "Consumptive" is therefore battling against adverse conditions and has to compete with fit men or women in industry.

Tuberculosis After Care Committees do excellent work, but while one does not belittle their efforts such Committees cannot hope to deal with the patient's problem in its entirety. It is estimated that it costs approximately 18s. per week to feed a "Consumptive" properly, and in addition there is the financial burden of supporting the remainder of the family with other unavoidable expenditure. Investigation of the Tuberculosis patient's income, assuming he is the breadwinner of the family seldom shows such patients to be favourably placed financially during the period of treatment. Can it be wondered therefore that the problem of Tuberculosis remains a major one in this part of England?

It is hoped that subsequent to the cessation of hostilities rehabilitation will be applied to the question of Tuberculosis as it has been to other branches of medicine, and one would like to see established in Durham County a village settlement comparable with that of Papworth, or Preston Hall, or a scheme similar to that operated by Cheshire or Nottingham County Council. Likewise much improvement could be made in preventing Tuberculosis and Preventoria are long overdue in this part of the Country.

Apart from the above suggestions put forward in an attempt to remedy the serious deficiencies, is it too much to hope for an experiment to be carried out in industry employing the partly recovered "Consumptive", such as has been done in Russia where Tuberculosis patients are put to work part-time, and the balance of their wages are made up to the level of that paid to the healthy worker? Russia has also considered the psychological aspect of the male "Consumptive" who often regards himself as being a liability in industry, and that country has set up special work shops for infectious Tuberculosis patients who are physically fit to carry out light work.

In conclusion, there is no reason to be optimistic about the future, and comprehensive schemes will have to be planned and put into operation with a view to reducing the incidence and mortality from Tuberculosis, let alone eradicating the disease. The Government's niggardly financial policy will only aggravate rather than tend to solve the problem, but a comprehensive scheme for the prevention and treatment of Tuberculosis will assuredly reap a rich dividend in human life.

SCABIES.

Five Centres were functioning in the earlier part of the year namely, Wheatley Hill, Murton, Horden, Easington and Blackhall. Blackhall Centre was found to be redundant after the waiting list of patients in this area was disposed of, but the remaining four Centres continued to render excellent service.

The following statistics show the amount of work which has been carried out with reference to the treatment of scabies in this year :

No. of patients summoned for examination	3442
No. of patients so summoned found to be suffering from scabies	2211
No. of patients treated for scabies and cleared of the disease	2143

These figures show that this scheme has justified the expenditure, and there is no doubt satisfactory working of this scheme has eliminated much unnecessary suffering, loss of employment and loss of schooling.

The Board of Education during the year altered their views with reference to exclusion of school children suffering from scabies, and after the initial treatment, such children were allowed to attend school and reported at the appropriate times for further treatment.

In passing I would like to point out that the buildings used for the treatment of this disease were unsatisfactory but no other suitable accommodation is available. Under such detrimental circumstances every credit is due to the doctors, patients, and A.R.P. Personnel who administered the treatment, and a special word of praise is due to the Nurses of the Mobile Units who have done so much to make the scheme successful.

That the scheme has proved successful there can be no doubt, and if other proof is needed one can only refer to the fact that other Local Authorities have visited this area, inspected the scheme and adopted our scheme "in toto".

The Council considered the possibility of establishing a permanent Centre for the treatment of Scabies, but in view of the fact that the Ministry would not give a guarantee that compulsory attendance for treatment would be maintained after the war, the Local Authority felt that the expenditure was not justified.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.

Water undertakers in this district are the Sunderland and South Shields Water Company, Horden Collieries Ltd., Wingate Water Company and Wheatley Hill Colliery.

In the case of the Sunderland and South Shields Water Company, and Horden Collieries bacteriological examinations of water are carried out regularly by the undertakers, and in the case of the Wingate Water Company and the Wheatley Hill Colliery samples are taken three-monthly on the advice of the Public Analyst.

Seventeen samples were taken during the year, some of which were taken in an endeavour to find the cause of the excessive corrosion of water fittings throughout the district. At the moment defective fittings and copies of analysis have been sent to the Water Research Department and a report is expected in the near future. All the samples were of good and wholesome quality.

TYPICAL CHEMICAL ANALYSIS AND BACTERIOLOGICAL EXAMINATION OF THE WATER SUPPLY.

Chemical Analysis.	Parts per 100,000
Total Solids	49.20
Chlorine as Chloride	6.00
Chlorine expressed as Sodium Chloride	9.90
Nitrogen as Nitrates	0.25
Nitrogen as Nitrites	Nil
Free Ammonia	0.001
Albuminoid Ammonia	0.002
Alkalinity	30.00
Total Hardness (Degrees)	29.0
Colour (Hazen Degrees)	Nil.
Suspended Matter	Nil.
Iron	Nil.

Bacteriological Examination

Organisms visible on Agar after 48 hours incubation at 37 ° C.	1 per cc.		
Acid and Gas Production in Lactose Bile Salt Broth	1cc.	10 ccs.	100 ccs.
48 hours at 37 ° C	nil	nil	nil

DRAINAGE AND SEWERAGE.

All the existing sewers have been maintained with proper care and attention and repairs effected where necessary. No new lengths of sewer were laid during the year.

CLOSET ACCOMMODATION.

There has been no conversions during the year and the number of the various conveniences are as follows :—

Waterclosets	23,284
Ash Closets	148
Privy Middens	177

The Ash Closets and Privies are on premises such as farm cottages where a public sewer is not available.

PUBLIC CLEANSING.

The cleansing and disposal of refuse etc., is carried out by the Cleansing Department for the whole of the rural area, which service has been in operation as a central department since October 1932.

The vehicles used for cleansing work in this area, are, five Morris Refuse Collectors, and four S & D. Freighters which are engaged full time, in addition there are twenty-two horse-drawn vehicles. All vehicles for cleansing are provided with iron sliding covers which are not only a protection against the spilling of the refuse, but are also a prevention against any dust nuisance. Owing to the wear and tear of the refuse collectors, the Council have agreed to the purchase of a Karrier Bantam Refuse Collector which is expected to be in commission in the earlier part of the year 1944.

The disposal of all refuse is semi-controlled, this being done in layers as far as possible, which is an additional precaution against fire occurring.

Since the end of April, 1940, the Cleansing Department has been responsible for the salvage of paper, metals, rags, bones and lately with rubber etc. One motor vehicle in engaged on salvage collections and deliveries to the Mills and records prove that by the amounts disposed of the collection of salvage has been successful.

SANITARY INSPECTION OF THE DISTRICT.

Regular inspection of the district was maintained and many nuisances and practices detrimental to public health were found and remedied.

We were without the services of Mr. Warrand from February until October owing to sickness, and Mr. Elliott resigned his post in September to take up an appointment with the Melton & Belvoir Rural District Council. It will be appreciated that owing to this curtailment of the staff for the greater part of the year, work had to be done on a priority basis, and a good deal of the less important work of the Department had to be shelved.

The following Table shows the principal nuisances dealt with during the year :

PUBLIC HEALTH ACTS.

Nature of Nuisance	No. of Visits	Notices Served		Nuisances Abated
		Informal	Formal	
Foul Conditions	29	3	—	2
Structural Defects	25	18	1	13
Ashpits & Privies	3	—	—	—
Deposits of Refuse and Manure	11	11	—	8
Waterclosets	55	23	—	28
Defective Yard Paving	5	1	—	2
House Drainage—				
Defective Traps	36	18	—	19
Other Faults	185	38	—	38
Water Supply	37	19	—	19
Animals improperly kept	33	5	—	4
Smoke Nuisances	10	1	—	1
Other Nuisances	13	—	—	—
Rat Infested Premises	69	—	—	—
Dustbins	71	—	29	19
Verminous Premises—				
Council Houses	53	—	—	—
Private Houses	40	—	—	—
Infectious Diseases Enquiries	846	—	—	—
Infectious Diseases Disinfections	511	—	—	—
	2032	137	30	153

SMOKE ABATEMENT.

The principal sources of smoke nuisance in peace time were Spoilbanks and Dry Cleaners at the Collieries, but in war time stringent measures are taken to observe black-out conditions on Spoilbanks, and this at the same time minimises the nuisance caused by fumes, etc. No complaints were received during the year regarding Wingate Colliery and during observations kept, no nuisance was observed. Wellfield Co-operative Dairy chimney gave trouble due to the use of coal instead of coke in order to maintain a sufficient head of steam. This nuisance cannot be entirely overcome until a new boiler plant of sufficient size is installed to deal with the work required of it, and using nothing but coke fuel. I understand that the Committee have this in mind when installing their new pasteurisation plant.

VERMINOUS PREMISES.

All vacant Council houses are now inspected and any that are verminous are disinfected.

27 houses were disinfested for the presence of bed-bugs, of these 18 were Council houses and 9 private dwellings.

DISINFECTIONS OF PREMISES AND PERSONS.

846 visits and re-visits were made to houses after cases of infectious diseases in an effort to prevent the spread and discover the source of disease.

Number of disinfections carried out during the year :—

Scarlet Fever	206
Diphtheria	199
Meningitis	24
Pneumonia	3
Para-typhoid	2
Chicken-pox	1
Tuberculosis	73
Cancer	3
	511

CINEMAS AND PUBLIC HALLS.

All Cinemas etc., were inspected regularly in order to ensure that lighting, heating, ventilation and sanitary conveniences are maintained in a proper manner.

LICENSED PREMISES AND CLUBS.

These premises are inspected at least once per year, and although some premises are not all that can be desired, the general standard of cleanliness is good. One of our post-war aims will be to ensure that all licensed premises are provided with hot and cold running water for the cleansing of glasses etc.

RATS AND MICE (DESTRUCTION) ACT, 1919.

This Act is administered by the County Council, but all complaints are investigated. Advice is given as to the best way to tackle the infestation and if thought necessary, the County Executive Officer is called in. 69 visits and revisits were made in the investigation of complaints and in 4 cases the County Executive Officer was called in.

HOUSING.

1943 was marked by a nation wide interest and activity in post war housing, of which this Council took its part. Our plans for house building during the first two years after the war have been submitted to the Minister and the Engineer and Surveyor is still busy with the details.

The only new houses built during the year were the six agricultural cottages allocated to this district, two at Wingate, two at Castle Eden and two at Easington. They were built by the surveyor by direct labour.

Although slum clearance is at a standstill until after the war, a great amount of work is done as regards essential repairs to dwelling houses as the following table shows.

Number of visits and revisits to houses	463
Number of informal notices served	84
Number of statutory notices served	4
Number of notices complied with	77

All Council houses are inspected when they become vacant and a report of their condition is sent to the Accountant and the Surveyor.

This Council have not yet adopted bye-laws for tenement dwellings and this makes it very difficult to deal with the many complaints we receive from families living in rooms. The adoption of such bye-laws is long overdue.

OVERCROWDING.

Many applications for Council Houses were received on the grounds of overcrowding and sanitary defects. All applications were investigated and in 24 cases where overcrowding was present, the conditions were reported to the Local Housing Committee.

FACTORY ACT 1937.

All factories were inspected twice in the year and bakehouses were visited monthly. The legal provisions pertaining to sanitary accommodation, limewashing and painting were carried out, with particular attention to cleanliness of premises, utensils and persons.

SHOPS ACT 1934.

Under this Act it is the duty of the Local Authority to ensure that suitable and sufficient heating, ventilation, and sanitary accommodation is provided and maintained. Nearly 50% of the shops in the district had been brought up to date as regards closet accommodation etc., when the war started. Owing to the shortage of labour and materials this work will be finished after the war. In the meantime all shop premises are regularly inspected regarding the above requirements.

SUPERVISION OF FOOD SUPPLIES.

As will be seen from this report, a great deal of time is spent in safeguarding the public food supply. There is 100% inspection of all meat which comes to the abattoir and regular visits are made to all premises where any kind of food is prepared stored, or sold.

Meat Inspection at the Abattoir.

With the total of 14,923 there was an increase of 501 in the number of animals slaughtered during the year in the Government Controlled Abattoir at Station Town. The increase, although general, was principally in cattle and calves. Heavy slaughterings frequently taxed to the utmost all available facilities in premises which, although good, were never intended to cope with such a degree of work. Consequently the same, largely unavoidable difficulties, which have been encountered since the inception of the scheme in slaughtering procedure and handling of carcases and offal were again evident. That the work was completed as it was is a tribute to the industry of those engaged both in control and actual slaughtering.

Once again the practice of sending to the abattoir for possible salvage casualty, reject and old animals, accounts for much unsound meat.

Original arrangements made by the Ministry for disposal of unsound meat under guarantee that such meat be not used for human consumption continued in force. Such meat is stained with green dye before removal by Cleveland Products Ltd., for conversion into fertilizers and sundry essential industrial products. Most of the ductless glands are separately collected for medicinal purposes. Offal with no bye-product significance is disposed of to a local farmer for incorporation into his land. Consequently there is a minimum of waste and vastly reduced possibility of nuisance of a public health nature.

Meat Regulations 1924.

Vehicles used for the transport of meat from the Abattoir have been frequently examined and found to be maintained in a satisfactory condition.

Stock slaughtered during the year and the incidence of disease are recorded in tabular form below. Animals slaughtered subject to the issue of licences by the Food Control Committee appear as separate figures.

Slaughter of Animals Act 1933.

There were 4 new licences issued under the above act during 1943.

There were 47 licences renewed under the above act during 1943.

	Cattle excluding Cows	Cows	Calves	Sheep	Pigs
Number Slaughtered at Government Controlled Abattoir	2312 plus 39 Casualties	458 plus 61 Casualties	609 plus 33 Casualties	11038 plus 108 Casualties	226 plus 39 Casualties
Number Slaughtered under private license	—	—	—	—	708
Whole Carcases condemned (T.B. only)	1 plus 3 Casualties	9 plus 11 Casualties	1 Casualty	—	6 Casualties
Carcases of which some part or organ condemned (T.B. only)	428		1	—	16
Percentage of number inspected affected with T.B.	15.87%		.31%	—	8.3%
Carcases condemned. (All diseases excluding T.B.	—	4 Casualties	2 Casualties	5 plus 5 Casualties	2
Carcases of which some part or organ condemned. (All conditions excluding T.B.)	230		6	34	4
Percentage of number inspected affected with disease other than T.B.	8.13%	—	1.12%	.39%	2.3%

SUMMARY OF MEAT AND OTHER FOODS CONDEMNED DURING YEAR ENDING 31st DECEMBER 1943.

		Sts.	lbs.	
9	Carcases Cow Beef	372	13	Generalized Tuberculosis
7	Fores Cow Beef	65	3	Tuberculosis
	Flank and Ribs Cow Beef	8	10	Tuberculosis
3	Carcases Cow Beef (Reject and Cas.)	72	3	Tuberculosis with Emaciation.
7	Carcases Cow Beef (Reject and Casualty)	212	9	GeneralisedTuberculosis
1	Carcase Cow Beef (T.B. Order.)	34	8	Generalized Tuberculosis
6	Fores Cow Beef (Casualty)	41	1	Tuberculosis
1	Carcase Heifer Beef	34	12	Generalised Tuberculosis
1	Carcase Heifer Beef (Cas.)	9	9	Generalized Tuberculosis
2	Fores and Middles Heifer Beef	25	13	Tuberculosis
1	Side Heifer Beef	21	9	Tuberculosis
2	Hinds Heifer Beef	14	7	Tuberculosis
2	Fores Heifer Beef	16	3	Tuberculosis
3	Thin Flanks Heifer Beef	4	11	Tuberculosis
2	Carcases Bullock Beef (Casualty)	50	2	Generalized Tuberculosis
2	Fores and Middles Bullock Beef (Reject.)	24	9	Tuberculosis
1	Fore Bullock Beef (Cas.)	8	6	Tuberculosis
	All Organs and Offal above carcases	160	7	Tuberculosis
150	Beast heads and tongues	334	9	Tuberculosis
404	Beast Lungs	286	0	Tuberculosis
2	Carcases Cow Beef (Cas.)	42	3	Johnes Disease with Emaciation.
1	Carcase Cow Beef (Cas.)	27	8	Pathological Emaciation.
1	Carcase Cow Beef (Cas.)	39	13	General Decomp.
	Organs and Offal above carcases	54	12	
1	Side, Plus Flank and Part Fore Cow Beef	29	7	Severe Bruising
2	Hinds Cow Beef (Cas.)	23	4	Severe Bruising.
3	Parts Flank Cow Beef	5	2	Severe Bruising
	Part Hind Bullock Beef	4	4	Severe Bruising

6	Pieces Beef	9	1	Severe Bruising
	Part Hind Beef (Casualty)	5	7	Abscess.
	Briskett Piece Beef	1	4	Abscess.
	Parts Loin and Hind Beef	32	1	Bone Taint
	Pieces Imported Beef	7	2	Bone Taint
7	Beast Heads and Tongues	16	6	Actinomycosis.
44	Beast Lungs	33	5	Cysts, Congest.
130	Beast Livers plus pieces	160	7	Cirrhosis etc.
161	Beast Livers	168	0	T.B. Abscesses, Capilliary, Angioma, etc.
	Sundry Beast Offal (Gut Fat, Udders etc.,).....	115	7	Johnes Disease, Mastitis, T.B. etc.
	CALVES.			
1	Carcase Calf (Casualty)	5	0	Congenital T.B.
	Head and Pluck of above	1	0	Tuberculosis
1	Shank Veal (Casualty)		5	Bruising
	Part Leg Veal		3	Bruising
1	Carcase Calf (Casualty)	3	5	General and Extensive Bruising and Congest.
1	Carcase Calf (Reject.)	3	10	Multiple Abscesses
	Organs and Offal from above	1	7	
1	Side Imported Veal	2	10	Mould
	Trimmings Imported Veal		2	Mould
	SHEEP.			
2	Carcases Sheep	4	0	Dropsy & Emaciation.
2	Carcases Sheep	9	0	Congestion and Decomposition
5	Carcases Sheep (Casualty)	18	5	Congestion and Decomposition
1	Carcase Sheep	2	8	Caseous lymph Adenitis.
	Organs and Offal of above Carcases	6	1	
5	Fores, Laps, Mutton	5	4	Abscesses
7	Fores, Shanks, Mutton (Casualty)	2	10	Bruising and Congestion
	Sundry Sheep Offal (Plucks etc.,)	4	0	Cirrhosis, Parasites, Abscesses, etc.

	PIGS			
6	Carcases Pork Pigs (Cas.)	27	9	Generalised Tuberculosis
	Organs and Offal above Carcases	4	1	
2	Fores Sow Pigs (Cas.)	7	10	Tuberculosis
	Organs and Offal above Carcases	2	8	Tuberculosis
10	Pig Heads	18	7	Tuberculosis
7	Pig Plucks	5	12	Tuberculosis
1	Carcase Pork Pig	3	10	Jaundice
1	Carcase Pork Pig	6	7	Multiple Abscess.
	Organs and Offal above Carcases	1	1	
	Pieces of Pork		12	Bruising.
	TINNED FOODS AND GENERAL PROVISIONS.			
228	Tins Corned Beef	58	1¼	Decomposition due 'blown' or damaged cans.
	Parings 9 Tins Corned Beef		13¼	Staining
461	Tins Meat Products	79	12¼	Decomposition due to 'blown' or damaged cans.
111	Tins Fish	8	8	
436	Tins Vegetables . . .	26	1¼	
354	Tins Milk	23	12½	
74	Tins Fruit	9	10¾	
46	Tins Soup	6	9¾	
20	Jars Jam	2	0½	Contamination glass splinters
93	Jars Vegetable Extract	1	3½	Unmarketable due prolonged storeage.
	Sundry Dried Foods (Fruit, Cereals, etc.,)	9	12½	Fermentation, Contamination.
	Pieces Bacon and Ham	5	2	Decomposition.
	Quantity Sugar	6	6	Contamination. Rat Excreta.
	Quantity Butter	12	3¼	Rancidity.
	Quantity Sausage.....	1	10	Decomposition.
	Quantity Cheese	4	6	Extensive Mould and Decomposit'n
	TOTAL	2,980	6¾	

18 Tons, 12 Cwts, 4 Sts, 6¾ lbs.

YEAR ENDING 31st DECEMBER.	WEIGHT OF MEAT ETC., CONDEMNED.
1935	2 Tons. 7 Cwts. 1 St. 8 lbs.
1936	1 Ton. 3 Cwts. 2 Sts. 12 lbs.
1937	4 Tons. 13 Cwts. 1 St. 1 lb.
1938	2 Tons. 1 Cwt. 6 Sts. 3 lbs.
1939	3 Tons. 6 Cwts. 5 Sts. 13 lbs.
1940	21 Tons. 1 Cwt. 3 Sts. 0 lbs.
1941	17 Tons. 12 Cwts. 5 Sts. 2 lbs.
1942	11 Tons. 3 Cwts. 4 Sts. 7 lbs.
1943	18 Tons. 12 Cwts. 4 Sts. 6¾ lbs.

DISEASES OF ANIMALS ACTS.

There were no cases of swine fever and only one animal was sent in during the year under the Tuberculosis Order 1938, as the result of a positive milk sample. Post mortem examination showed the disease to be present in an advanced stage and the carcase was condemned.

All animals slaughtered at the abattoir are carefully examined for notifiable diseases under the above acts.

INSPECTION OF OTHER FOODS.

Wartime conditions put a big strain on the manufacturers and distributors of milk and other foodstuffs. Food is produced and handled by less expert persons, outside wrappers are to a great extent discontinued, transport is precarious and many regulations are relaxed. In consequence of this, much more supervision is necessary by Sanitary Inspectors. The outbreak of food poisoning referred to earlier in the report proves how quickly disease can spread and the greatest antidote is cleanliness and clean personal habits. With this in mind all premises where food is manufactured, prepared, or sold, are inspected regularly, sufficient washing facilities provided and when the Sanitary Inspector visits the premises he is at great pains to impress on all employees the great importance of clean personal habits.

Most foodstuffs have been under the Ministry of Food for some considerable time and claims by retailers for replacment of unfit foodstuffs will only be considered by the Ministry on production of certificates issued by the Sanitary Inspectors confirming each case.

This arrangement entails numerous visits to food premises and considerable work, on occasions, in the examination of each item which is the subject of claim. Quantities justifying transport and considered fit for food after further processing are duly notified to the Divisional Salvage Officer. Other items may be considered and are occasionally found to be suitable for animal feeding.

Once again it is a matter for regret that the vast bulk of tinned foods were found to be unfit because of perforation and damage of cans through faulty handling and packing.

FOOD AND DRUGS ACT 1938.

Premises	Number Registered	Number of Inspections	Notices Served	Complied With
Fish Shops	54	149	3	3
Butchers Shops	51	79	—	—
Other Food Premises	—	370	3	3

BRITISH RESTAURANTS.

These premises are regularly inspected and any items of attention are brought to the notice of the Accountant and the Surveyor.

HAWKERS CARTS AND VANS.

All vehicles carrying foodstuffs are stopped periodically and inspected.

3 Notices were served on owners of bakers' vans regarding the dirty state of the bread trays.

MILK SUPPLY.

The importance of strict supervision of the production and distribution of milk is realised when one appreciates the fact that milk is such a perfect vehicle for the spread of disease.

All producers' and retailers' premises are inspected and advice given as to the most hygienic methods of production and for the cleansing of dairy equipment.

Sampling of milk for Bacteriological Examination is mostly carried out between 6 a.m. and 9 a.m. and the general standard of the milk is very high.

We have 3 producers of Tuberculin Tested Milk, 19 producers of Accredited Milk and 107 producers of Non-Designated Milk, an increase of 13 ordinary producers during the year.

The following table shows the number of inspections made during the year.

Producers premises	260
Retail purveyors premises	57

One sample of milk was found on examination to contain tubercle bacilli and this was reported to the County Council, who took the appropriate action.

The East Durham Co-operative Dairies pasteurisation establishment at Wellfield is now dealing with nearly 100% more milk than in peace time. The extra work puts a great strain on the plant, consequently this entails much more supervision. The District Sanitary Inspector pays a visit twice per week and a sample of milk is taken every two weeks. I understand that in the very near future a new plant will be installed to deal with the increased output.

William Barlow & Son
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